



MIAMI-DADE COUNTY
INTERNAL SERVICES DEPARTMENT
FACILITIES and UTILITIES MANAGEMENT DIVISION
OFFICE of ELEVATOR SAFETY
 201 West Flagler Street
 Miami, FL 33130-1510
 Ph: 305.375.1577
 Fax: 305.372.6367
www.miamidade.gov

SECTION 1 - ELEVATOR INFORMATION			
As provided on the Permit to Install, Alter or Relocate or the previous Certificate of Operation			
Serial Number Serial Number must be provided or form will be returned	Capacity:	Landings: n/a if Escalator	Mfg. Ser #:
	Speed:	Type of Equipment:	
SECTION 2 – BUILDING INFORMATION			
Note: If the information below has changed since the Permit to Install, Alter or Relocate was issued, please provide the updated information.			
Name of Building or D/B/A Name (enter Business name or Doing Business As Name or Name of the Building)			
Main Address (enter building address)			
City	County	State	Zip Code
FOLIO Number: (required)		Change of Owner or Manager: Yes No	
MANAGEMENT or MAILING INFORMATION			
Name of Management Company, or responsible party for managing building.			Mail Bill to: Y N
Mailing Address			
City		State	Zip Code
CONTACT INFORMATION			
Contact Name		Primary Business Phone Number	
Primary E-Mail Address		Alternate Phone Number or Fax Number	
SECTION 3 – OWNER INFORMATION			
Organization or Owner Name			Mail Bill to: Y N
Address		Primary Phone Number	
City		State	Zip Code
SECTION 4 – APPLICANT SIGNATURE			
Authorized Signature of Applicant			Date Signed
Federal I.D. or Corporate Tax Number			Date Submitted